

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0 / 547200

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	C	C				
5		1				
6		1				
7		1				
8	X	X				
9						
10		1				
11	X	X				
12	X	X				
13		1				
14		1				
15	X	X				
16	X	X				
17		1				
18		1				
19	X	X				
20	X	X				
21		1				
22	C	C				
23	1					
24		1				
25		1				
26		1				
27	X	X				
28	X	X				
29		1				
30	C	C				
31		1				
32		1				
33		1				
34	X	X				
35	X	X				
36		1				
37		1				
38	C	C				
39		1				
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49						
50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	21	←		←		←
TOTAL CLAIMS	23					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						